

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

01

30

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		114376.35
(b) Cash on Hand at Beginning of Reporting Period	200348.96	
(c) Total Receipts (from Line 19)	31999.10	425452.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	232348.06	539828.45
7. Total Disbursements (from Line 31)	8980.59	316460.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	223367.47	223367.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28020.00	349978.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3979.10	55974.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	31999.10	405952.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	31999.10	417952.10
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31999.10	425452.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31999.10	425452.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	480.59	1209.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	480.59	1209.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	315251.70
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8980.59	316460.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8980.59	316460.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31999.10	417952.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31999.10	417952.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	480.59	1209.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	480.59	1209.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Teresa L. Thrailkill

Mailing Address 830 Good Hope Drive

City

Castle Rock

State

CO

Zip Code

80108-9075

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.,
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 28665800

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. SueAnn V. Schultz

Mailing Address 22661 S. Stanley Road

City

Quenemo

State

KS

Zip Code

66528-8183

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 28665813

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas L. Mangan

Mailing Address 350 Flintlock Road

City

Southport

State

CT

Zip Code

06890-1079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hub International Limited

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 28665820

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Roger Rolapp

Mailing Address 888 South Disneyland Drive
#400

City State Zip Code
Anaheim CA 92802-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hayward, Tilton & Rolapp
Insurance Ass

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 28665830

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Harrison

Mailing Address 7726 Mohawk Place

City State Zip Code
Saint Louis MO 63105-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daniel & Henry Company,
The

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 28699482

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Tom Hughston

Mailing Address 6475 Glendora Avenue

City State Zip Code
Dallas TX 75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Hunt-
er

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 28699588

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Karen Farris

Mailing Address 7238 Briarmeadow

City

Dallas

State

TX

Zip Code

75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Hunt-
er

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 28699589

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Mellow

Mailing Address 386 Conway Lake Drive

City

Saint Louis

State

MO

Zip Code

63141-8115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daniel & Henry Company,
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 28699595

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Culpepper

Mailing Address 7280 Stillwater Drive

City

Columbus

State

GA

Zip Code

31904-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Divisional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 28699597

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ryan Wilkerson

Mailing Address 6731 Rainbow Avenue

City

Mission Hills

State

KS

Zip Code

66208-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haas & Wilkerson, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 28703693

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jason Bennett

Mailing Address 120 Golden Ash Way

City

Gaithersburg

State

MD

Zip Code

20878-6492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trust Risk Management Ser-
vices

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 28703698

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kyp L. Ross

Mailing Address 2012 Autumn Brook Trail

City

Hinckley

State

OH

Zip Code

44233-9131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 28703902

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Kral

Mailing Address 2735 Doresta Road

City

San Marino

State

CA

Zip Code

91108-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bolton & Co. Insurance Br-
okers

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 28703904

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Healy

Mailing Address 12216 Hillshire Ct.

City

Glen Allen

State

VA

Zip Code

23059-7151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riggs, Counselman, Michael-
Is & Downes,

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 28705109

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy Fleming

Mailing Address 1842 Morgan Road

City

Orono

State

MN

Zip Code

55356-9519

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJF Agencies, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 28709160

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 19

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bill Jeatran

Mailing Address Ivy Avenue North

City

Grant

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJF Agencies, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 28709255

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Hetherington

Mailing Address 1385 Monterey Blvd

City

San Francisco

State

CA

Zip Code

94127-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABD Insurance & Financial
Services, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28760265

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles Landgraf

Mailing Address 7303 Peter Place

City

McLean

State

VA

Zip Code

22102-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dewey & LeBoeuf LLP

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761132

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bruce M. Basso

Mailing Address 37 Euclid Avenue

City

Atherton

State

CA

Zip Code

94027-6854

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABD Insurance & Financial
Services, Inc.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761133

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frederick de Grosz

Mailing Address 618 Manzanita Way

City

Woodside

State

CA

Zip Code

94062-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABD Insurance & Financial
Services, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761134

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roy H. Taylor

Mailing Address 1450 Ravenswood Lane

City

Riverside

State

CA

Zip Code

92506-5541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hub International

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761135

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Loti Woods

Mailing Address 1263 N Lake Way

City

Palm Beach

State

FL

Zip Code

33480-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Repath McAuley Woods, L.L-
C.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761136

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard M. Blades

Mailing Address 5450 Tilbury

City

Houston

State

TX

Zip Code

77056-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer
John L. Wortham & Son, L.-
L.P.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761157

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chris Boone

Mailing Address 103 Parkdale Place

City

Madison

State

MS

Zip Code

39110-8477

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart-Sneed-Hewes/Banco-
rpSouth Insur

Occupation

Vice President/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761158

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Scott T. Brock

Mailing Address 3932 Bryn Mawr Drive

City

Dallas

State

TX

Zip Code

75225-7029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apex Global Partners, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761159

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dane O. Leavitt

Mailing Address PO Box 130

City

Cedar City

State

UT

Zip Code

84721-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761160

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Rutherford, Jr.

Mailing Address 3333 P Street NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Rutherford, Inc./
Rutherford

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28761180

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph McSweeney

Mailing Address 150 East Allendale Road

City

Saddle River

State

NJ

Zip Code

07458-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marsh Inc.

Occupation

Vice Chairman & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28762361

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lloyd Yavener

Mailing Address 13524 Maidstone Lane

City

Potomac

State

MD

Zip Code

20854-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clements International

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28762371

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas R. Dietz

Mailing Address 1480 Riverside Drive

City

Cincinnati

State

OH

Zip Code

45202-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schiff, Kreidler-Shell,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 28762383

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mike Scheidegger

Mailing Address 2515 Copper Creek Lane

City

Carrollton

State

TX

Zip Code

75006-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apex Global Partners, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 28763550

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Butler

Mailing Address 31818 Tradewinds Drive

City

Avon Lake

State

OH

Zip Code

44012-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 28823560

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

28020.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Joe PAC</p> <p>Mailing Address 422 C Street NE Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28759887</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) McConnell Senate Committee 2008</p> <p>Mailing Address 400 North Capitol Street NW Suite 585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28759900</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Northstar Leadership PAC</p> <p>Mailing Address P.O. Box 28754</p> <p>City St. Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement</p> <p>Candidate Name Northstar Leadership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28759918</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

8500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chase Paymentech Solutions

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741-6600

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 29289311

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

186.93

B.

Full Name (Last, First, Middle Initial)

Authorize.Net

Mailing Address 808 East Utah Valley Drive

City
American Fork

State
UT

Zip Code
84003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 29289312

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

64.30

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 2878

City
Omaha

State
NE

Zip Code
68103-2878

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 29289313

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

229.36

SUBTOTAL of Disbursements This Page (optional) ►

480.59

TOTAL This Period (last page this line number only) ►

480.59

Form/Schedule: **F3XA**
Transaction ID:

Credit Card Fees for this period were not entered in error.